



4-31-03

1652

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PTO/SB/21 (05-03)

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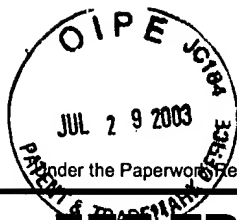
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/816,825
		Filing Date	March 22, 2001
		First Named Inventor	BISTRUP, ANNETTE
		Group Art Unit	1652
		Examiner Name	RAO, MANJUNATH N.
Total Number of Pages in This Submission		Attorney Docket Number	UCAL-107CON
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<b>RECEIVED</b>  AUG 04 2003  TECH CENTER 1600/2900
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	1) Sequence Listing Certification and Amendment (2 pgs.)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	2) Sequence Listing (1 CD - CRF format)	
	<input type="checkbox"/> CD, Number of CD(s)	3) Sequence Listing (11 pgs.)	
		4) Return Postcard	
Remarks			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Signing Attorney/Agent (Reg. No.)	PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	July 29, 2003		

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FEE TRANSMITTAL for FY 2003		Complete if Known		
		Application Number	09/816,825	
Effective 01/01/2003. Patent fees are subject to annual revision.		Filing Date	March 22, 2001	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	BISTRUP, ANNETTE	
TOTAL AMOUNT OF PAYMENT (\$)		662.00	Examiner Name	RAO, MANJUNATH N.
METHOD OF PAYMENT (check all that apply)		Art Unit	1652	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		Attorney Docket No.	UCAL-107CON	
<input checked="" type="checkbox"/> Deposit Account:		FEE CALCULATION (continued)		
Deposit Account Number 50-0815		3. ADDITIONAL FEES		
Deposit Account Name Bozicevic, Field & Francis LLP		Large Entity Fee Small Entity Fee		
The Commissioner authorized to: (check all that apply)		Fee Code (\$)		
<input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description		
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Paid		
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Fee Small Entity Fee				
Fee Code (\$)				
Fee Description				
Fee Paid				
1001 750 2001 375 Utility filing fee				
1002 330 2002 165 Design filing fee				
1003 520 2003 260 Plant filing fee				
1004 750 2004 375 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Extra Claims Fee from below Fee Paid				
Total Claims 71 -27** = 44 x 9 = 396				
Indep. Claims 10 -7** = 3 x 42 = 126				
Multiple Dependent 140 = 140				
Large Entity Fee Small Entity Fee				
Fee Code (\$)				
Fee Description				
Fee Paid				
1202 18 2202 9 Claims in excess of 20				
1201 84 2201 42 Independent claims in excess of 3				
1203 280 2203 140 Multiple dependent claim, if not paid				
1204 84 2204 42 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) \$		662.00		
**or number previously paid, if greater; For Reissues, see above.		*Reduced by Basic Filing Fee Paid		
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)		Registration No.		
Paula A. Borden		42,344		
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